

## VOLUNTEER APPLICATION AND REGISTRATION

Volunteer Program				Department Use	
<b><u>Please be sure to fill out the volunteer application in full. Failure to complete the application may result in its return to you and will delay the application process.</u></b>				Location	
Please Print or Type				Date Application Received	
Name Last		First		Middle	
Maiden Name or other Names Known by					
Address		City		State Zip Code	
Primary Telephone		Secondary Telephone		Other Phone	
E-mail Address (Preferable)					
Employer/School		Address		City State Zip Code	
Occupation/Major					
<b>ID CARD AND SECURITY CLEARANCE INFORMATION</b>					
Age		Date of Birth (Month, Day, Year)		Place of Birth	
Citizenship					
Race		Height		Weight	
Hair Color		Eye Color		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Do you have a valid Driver's License?		Driver's License Number or other Appropriate I.D. Number, If Applicant does not Drive		Last 4 SSN	
<input type="checkbox"/> Yes <input type="checkbox"/> No   State:					
<b>EMERGENCY NOTIFICATION INFORMATION</b>					
Last Name, First M.		Primary Phone Number		Secondary Phone Number	
Relationship					
<b>MEDICAL ALERT INFORMATION</b>					
Do you have any allergies or medical conditions that may cause a medical alert?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, and you wish to disclose the information, please list the allergy or medical condition.					
<b>INTEREST</b>					
Your interest in volunteering with the Department of Corrections is for (Check one or more).					
<input type="checkbox"/> Public Service		<input type="checkbox"/> Future Employment		<input type="checkbox"/> Internship	

ASSIGNMENT PREFERENCE			
<input type="checkbox"/>	<b><u>Individual Volunteer</u></b>	<input type="checkbox"/>	<b><u>Group Volunteer</u></b> <b>Group Program Name (if known):</b>
	<b>CATEGORY</b>		<b>CATEGORY</b>
<input type="checkbox"/>	Staff Assistance	<input type="checkbox"/>	Religious
<input type="checkbox"/>	Support/Clerical	<input type="checkbox"/>	Drug/Alcohol
<input type="checkbox"/>	Academic/Vocational	<input type="checkbox"/>	Cultural/Ethnic
<input type="checkbox"/>	Health Service	<input type="checkbox"/>	Advisory/Screening
<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Community Reintegration
<input type="checkbox"/>	**Professional Services	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:		

\*\*If you are applying to provide a professional service (e.g., legal, medical, etc.), please cite your credentials, such as certification, license, etc.

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When would you be able to provide volunteer services?

☐ On call   ☐ Regularly   ☐ SUN   ☐ M   ☐ T   ☐ W   ☐ TH   ☐ F   ☐ S   For \_\_\_\_\_ days a month

From \_\_\_\_\_ (time) to \_\_\_\_\_ (time)

Beginning \_\_\_\_\_ (date) until \_\_\_\_\_ (date)

<b>APPLICATION QUESTIONS</b>
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Do you have any special knowledge about the criminal justice system or this assignment that you gained through education or experience? If yes, please list by date, giving the name of your supervisor or instructor, his/her phone number, and a brief description of your prior work experience.

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Do you have a relationship (e.g., father, wife, friend, etc.) with or are you on the visiting list of any person currently in DOC custody and/or on DOC supervision? ☐ Yes ☐ No

If yes, please explain the nature of the relationship, give the name of the person, and assigned location.

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Have you ever been incarcerated or on community supervision? ☐ Yes ☐ No

If yes, please explain the nature of the incarceration and/or supervision and provide the dates and locations. Attach a criminal history report in lieu of the detailed description. Please note: omissions may be cause for termination or denial.

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Are you currently volunteering at any other correctional agency? ☐ Yes ☐ No

If yes, name of agency \_\_\_\_\_ Supervisor \_\_\_\_\_

How do you feel the Department of Corrections can help offenders change their pattern of criminal and/or violent behavior?

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Provide a brief summary of your interests and desired outcome as a volunteer with the Department of Corrections.  
(What do you see as your role?)

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For which location(s) would you prefer to volunteer? (Be sure to indicate what facility/prison or field office if known, or County/City)

Please provide two references (adult – not related to you)

Name	Telephone Number		
Address	City	State	Zip Code
Name	Telephone Number		
Address	City	State	Zip Code

Qualified applicants receive consideration without discrimination based on marital status, race, color, creed, national origin, age, or the presence of a non-service related handicap.

**PLEASE NOTE: In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:**

- A. To be 18 years of age or older and submit proof of age, if required.
- B. To submit proof of credentials when providing professional services.
- C. To be fingerprinted, if required.
- D. To be in possession of a valid driver's license, if required.
- E. To meet attendance and performance commitments.
- F. To receive no monetary compensation for his/her services, except as provided for selected programs and services (we stipend volunteers for some of the parenting programs).
- G. To complete mandatory volunteer orientation and site specific orientation, and other training as required.
- H. To conform to other DOC policies, regulations, and instructions.
- I. To not be on supervision with any correctional agency and to supply additional information if requested for FBI and National Criminal History Records Checks.

Please read carefully before you sign this application. False statements on this application will be sufficient cause for termination.

Please also fill out **DOC 03-031 Criminal Disclosure** and sign as part of the Volunteer Application process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Sponsor or Volunteer Coordinator Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

FOR DEPARTMENT USE		
Application Screened by	Title	Date
Applicant Interviewed by	Title	Date
Orientation Conducted by	Title	Date
Proof of Identity Shown Date	Method of Proof	
Reference Check Results		
Security Check Results	Date	System Used
Fingerprinted (For those with Access to Offender Files)		Date
Proof of Professional Credentials Submitted		Date
Applicant Approved by	Title	Date

TO BE COMPLETED IF THE VOLUNTEER WOULD BE DRIVING AS PART OF THEIR ACTIVITY	
Proof of Valid Driver's License	Date
Proof of Liability Coverage	Date

Assignment	Location	Staff Supervisor
Volunteer I.D. Number	Date Issued	Date Returned
Date Inactivated	Reason for Inactivation	
Inactivation Requested by (Name)		Title
Inactivation Authorized by (Name)		Title

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